

November 25, 2013

Health and Medicine Policy Research Group
29 East Madison Street, Suite 602
Chicago, Illinois 60602
Via email: info@hmprg.org

Re: Concept Paper for an 1115 Waiver for Illinois Medicaid

Dear Health and Medicine Policy Research Group:

We write today to submit comments regarding the Concept Paper for an 1115 Waiver for Illinois Medicaid and the development of the 1115 waiver.

Heartland Alliance for Human Needs & Human Rights is a service-based human rights organization focused on investments in and solutions for the most vulnerable men, women and children in our society. Through a network of dozens of direct service programs located throughout the Chicago-area, Heartland Alliance provides housing, health care, jobs, and justice services and supports to hundreds of thousands of people each year. We are a health care provider to vulnerable populations, operating federally qualified health centers (FQHCs), a healthcare for the homeless program, and several health clinics and school-based health centers in Chicago as well as community-based treatment and prevention programs. We provide primary health care, oral health care, and a full range of mental health and addictions treatment services and prevention programs to people who are homeless, as well as to refugees and immigrants and other vulnerable populations. Based on this work, our organizational experience is that of a health care provider that bills public as well as private insurance, a human service provider, and as an advocate for the vulnerable populations we serve.

As a multi-faceted health and human service provider, we see first-hand the needless hospitalizations, emergency room visits, or repeated tests that result from the existing patchwork of health and human services available to vulnerable populations. We commend the team developing the concept paper and the waiver for crafting a plan that recognizes the variety of health care needs of people who benefit from Medicaid coverage in Illinois and also recognizes that a robust network of community services, often outside those traditionally associated with health care, are vital to creating a healthier state. We are also pleased that the concept paper recognizes and seeks to build up the wellness and prevention programs that are likewise a key component leading to better health and encourage the team to think about creative ways to use the incentives available to improve the overall health of our communities.

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As Health Management Associates and the state refine the concept paper and construct the waiver application, we hope that the following will be considered:

Home and Community Based Infrastructure, Coordination and Choice

We are pleased to see that the concept paper recognizes the role that housing and other social and environmental determinants of health play in creating health disparities and influencing the health trajectory of patients. The concept paper, however, appears to focus primarily on ensuring adequate resources/services for the implementation of the state's three Olmstead consent decrees. While we agree that it is critical for the waiver to address the services necessary to successfully reintegrate formerly institutionalized individuals into the community, we urge you to paint a broader picture of the services that contribute to overall health and avoid institutionalization in the first place in the concept paper.

Accordingly, we urge the state to propose that Costs Not Otherwise Matchable (CNOM) under the waiver include a broad variety of services, such as wellness and prevention services, food and nutrition services, all levels of case management, violence recovery services, supportive services and supported employment within Supportive Housing, interpretive services, outreach and engagement services, transportation, and respite care/step-down levels of care. Please see below for specific examples for each one of these broad category of services:

Wellness & Prevention – includes, but is not limited to, tobacco cessation, obesity prevention, diabetes self-management, fall prevention, and physical fitness.

Food and Nutrition – includes, but is not limited to, nutrition counseling, cooking classes/demonstrations, and grocery shopping for healthy food on a tight budget.

Case Management – Varying levels of case management services including anything from support gathering and securing necessary paperwork/documentation as well as assistance with completing applications for safety-net assistance programs (e.g. Medicaid, SNAP, SSI, TANF) to ensuring health-related appointments are attended and follow-up care occurs.

Violence Recovery Services – includes, but is not limited to, current state GRF-funded domestic violence and sexual assault prevention and treatment services that impact a person's health and well-being.

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Supportive Services and Supported Employment (within Supportive Housing) – includes, but is not limited to, case management (e.g. transportation to health-related appointments, picking-up and dropping off prescriptions; addressing housing-related issues that impact a person’s health such as hoarding), job training, job coach, and resume building. Access to permanent safe, affordable, and quality housing is also a key contributor to a person’s health.

Interpretive Services – This is an “optional service” that the Federal Government will reimburse state Medicaid programs for if they choose to offer it. Illinois used to offer this service within the Medicaid program, but ended up cutting it several years ago. However, some organizations still provide interpretive services to qualified Medicaid recipients through Non-MRO (Medicaid Rehabilitation Option) grant dollars. These Non-MRO dollars are state-only GRF dollars used to provide interpretive services to Medicaid recipients. Illinois can receive a match for some of these dollars if it included interpretation services in Medicaid and in the 1115 Waiver.

Outreach and Engagement – These services are often times the first step necessary in bringing a person into care. For example, HUD recognizes the necessity of outreach and engagement services for people experiencing homelessness to be connected to housing and provides grants for outreach and engagement services to community-based organizations. Illinois Medicaid should follow HUD’s example and include outreach and engagement services in the 1115 waiver in order to connect vulnerable populations (e.g. people in or near poverty, homelessness; living with mental health/substance use conditions, chronic health; refugees and immigrants; justice-involved) into care and ensure they remain in stable care.

Transportation – This includes, but is not limited to, non-emergency transportation costs related to stable health maintenance and management, as well as the time that a staff-person takes to travel with the Medicaid recipient (if having a staff-person accompany the Medicaid recipient is deemed necessary).

Respite Care/Step-Down Levels of Care – There is a need for a “bridge” level of care for certain vulnerable populations, some of which are named above, when they do not have access to stable housing, still need intensive medical care, but must be discharged from a hospital. Respite Care, sometimes known as Step-Down Levels of Care, can be a bridge place of care for those Medicaid recipients who need to be discharged from the

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hospital but will not recover fully if they are discharged directly into the community. Currently, respite care is not a Medicaid reimbursable type of care and we recommend that it should be.

In order to address the roots of Illinois's need to rebalance our system of care, we must invest in the services that keep people from falling into poverty and homelessness or that allow them to connect with health care. Without such investments, we will be unable to avoid the circumstances that have pushed individuals into institutions or out of stable care to begin with.

Delivery System Transformation

The human service sector will be a key component of successfully transforming the health care delivery system. Community-based providers are already connected with the most vulnerable people in Illinois and have developed the skills, outreach, and tools that allow us to work with people who may not otherwise connect with health care or the government. We know how to engage those who are the hardest to serve. As the health care delivery system transforms, it is crucial that community-based providers be given the tools they need to adapt.

We appreciate that the concept paper recognizes the need to provide resources that will help build capacity with both traditional health care providers and providers that may be newly integrating into the Medicaid system as the delivery system changes. Providers throughout the state are at differing levels of capacity and readiness for the changes in the healthcare delivery system. Indeed, providers will need technical assistance, training, and resources at deep levels to be able to connect with a network, negotiate with managed care/care coordination entities to provide necessary services, improve their technology, collect data, or track outcomes and costs savings. In order to truly transform the Medicaid system, this capacity building must include resources and training that prepares providers for Medicaid billing. These resources are especially crucial in light of the failure of rates/reimbursement to keep pace with inflation, depleting services throughout the state to the point that providers are often unable to grow or innovate.

Workforce

Community-Health Workers (CHWs) are a critical component of the healthcare workforce and should be included as certified providers within the Medicaid program. This workforce is critical to the success of the outreach and engagement part of care and therefore to the overall health and well-being of the Medicaid recipient. Training, support

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and a clear path to reimbursement, both within a Fee-For-Service system and Medicaid managed care/coordinated care will be critical to the success of utilizing Community Health Workers in Illinois' Medicaid program.

General Comments

Finally, we remind the team developing the waiver that not all low-income individuals in the state will participate in the Medicaid program, and that there will be unmet needs throughout the state even after the transformation of our health care system. For example, an individual may, due to hallucinations related to his mental illness, not trust enrolling in a program like Medicaid. For the benefit of the community and this individual, it will be important that the community services he is currently accessing remain available. While Heartland Alliance urges that the broadest number of services be included as CNOM in the 1115 waiver application, we also ask that the state and HMA remain mindful that the 1115 waiver be constructed in such a way that recognizes that not all CNOM service dollars should be rolled over into the Medicaid program. For the foreseeable future, a portion of funds for all CNOM services must remain available for people not enrolled in Medicaid in order to ensure that vulnerable Illinoisans do not fall through the cracks.

Thank you for the opportunity to comment on the 1115 Waiver Concept Paper. We appreciate your work to improve our state's health care system and look forward to working with you in the future.

Sincerely,

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